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DEPARTMENT OF PUBLIC HEALTH NURSING

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National Organization for Public Health Nursing

AN HISTORICAL SKETCH OF PUBLIC HEALTH NURSING¹

BY ELLA PHILLIPS CRANDALL, R.N.

I ASSUME most nurses are fairly familiar with the outlines of Public Health Nursing history, especially in Great Britain and her colonies, and in America. In America particularly it was limited in the early days to care of the sick in their homes, in spite of Florence Nightingale's definition of district nurses as "health missionaries." Also it developed entirely in local and individual units, separated from and almost entirely unconscious of each other.

Not until 1912 did these local associations come into national consciousness through the establishment of the National Organization for Public Health Nursing. This association was created on recommendation of a joint committee of the two older associations, although at the suggestion of a few leading public health nurses. Its outstanding and most distinctive feature was the fact that it was composed of both nurses and non-professional members, because of the clearly recognized necessity for standardizing the administrative and financial aspects of the work as well as that of the technical service.

The most important influences which led to the establishment of the National Organization were as follows:

(a) The opening of a division of Public Health Nursing at Teachers College; (b) The Metropolitan Life Insurance service, which brought with it necessity for organization to secure common standards, records, methods, etc.; (c) The rapid development of specialized services and the consequent need of mutual understanding, coördination and special training.

Gradually there emerged a pretty definite acceptance of the term "Public Health Nurse"

(a) As a *name*; (b) As a *factor*, in developing 1, private programmes of experimental work, such as tuberculosis and child hygiene; 2, programmes directed by governmental agencies; (c) as having *specific functions*, namely: 1, follow-up agent, 2, interpreter, 3, scouting agent.

However, collective self-consciousness among Public Health Nurses still lagged, and the first recognition came from others rather than themselves that they were becoming an American institution. This has been most flatteringly and perhaps most authoritatively voiced by Dr. William Welch, who has said publicly that America's two great

¹ Paper read before the New York State Nurses' Association, October, 1921.

contributions to the public health and sanitation of the world are the Panama Canal and the public health nurse. Because of this failure to realize the meaning of events, public health nurses worked for several years longer, pretty much detached from and unfamiliar with the larger aspects of the steadily developing public health programme which (though growing in sharply orientated and independent sectors) was inevitably moving toward a great coördinated national plan. There is no room here for criticism of those pioneers. An unforeseen call for help in strange fields of service had been courageously answered. Almost universally these forerunners of a great new army of workers were not only struggling, day by day, with immediate human needs, but they were trying to solve big problems involving new technique, records, clinical and social knowledge; and new associations and obligations. Finally, it may be said, that public health nurses found themselves through their own accumulating and shared experience. While this came about under pressure of many influences, local, state, and national; administrative, educational, and legislative; it is fair to say that they found their chief medium both of self-expression and influence, in their national association.

This organization was from the beginning a corporate member of the American Nurses' Association (on identical terms with the National League of Nursing Education) until the reorganization of the American Nurses' Association two years ago at which time this relationship was necessarily discontinued by the American Nurses' Association.

However, almost immediately, joint national headquarters were created to take the place of the older bond of comradeship. While this new organization (potentially much stronger than the old) has had to struggle against many odds during its first year, and has not yet entirely succeeded in establishing satisfactory relations and division of functions among its constituent members, it is not at all too much to claim that through loyalty to a common cause, a programme of mutual helpfulness and of public service will surely emerge in the near future.

Not less true is it that we all are equally dependent upon our all-inclusive and strictly professional body—the American Nurses' Association—for leadership and command in the fields of organization and legislation. No words of mine are needed to register its superb attainments in both. Without these, public health nursing would be immeasurably less capable of blazing its own trails and exerting its own considerable influence in the field of public health.

It becomes necessary to retrace our steps a little to get back to other trails along which the history of public health nursing has been

traveling in the past few years. We left the pioneer nurses struggling in their own localities, pretty much alone, often baffled, but frequently contributing more than they or their co-workers knew, to the particular field of public health in which they were working.

At late as 1915, only one national health association pretended to give any place to the subject of Nursing in its annual programme, but the war years did much to alter this. Some of the more important influences at work during that period were:

A. Public health nursing service in the extra cantonment zones under the direction of the United States Public Health Service; B. Red Cross foreign missions; C. Red Cross peace programme, notably its work of coöperation with and assistance to State Departments of Health; D. Demonstrations of local associations during the epidemics of the value of flexible organizations capable of meeting great emergencies; E. Employment of public health nurses by Federal Boards and Bureaus, such as the U. S. P. H. S., War Risk Insurance Board and Bureau of Vocational Education.

These and many other activities brought about great changes in the status of public health nursing. Now, practically all national health associations give at least one paper, and often whole sections and many round tables, to the subject of public health nursing.

In 1915 there was only one state law providing for a division of public health nursing within the State Department of Health. In 1920 there were ten state divisions of public health nursing, ten divisions combining the work of public health nursing and child hygiene, four state supervising nurses, two state supervising nurses supported by other than government funds, and four others pending.

In 1915 there were perhaps not more than three or four post-graduate schools of public health nursing; now there are probably fifteen, and some instruction is being given in many training schools and in Visiting Nurse Associations. Moreover, the study by Miss Goldmark and the Committee under whose auspices she is working, is nearing completion. This began as an inquiry into preparation for public health nursing; it is being concluded at the end of two years as a study of the entire system of nursing education.

Pretty generally now, nurses are being called to sit in the councils of the leaders, rather than being regarded only as good and necessary followers and assistants. Outstanding examples of this fact are:

A. In 1919, the joint agreement between the American Red Cross, the National Tuberculosis Association and the N. O. P. H. N. While it must be acknowledged that this agreement did not function, for various reasons, it was sound in principle, and attracted much attention and was credited with giving encouragement to those who were working out a much larger programme of coördination among health agencies.

B. In 1920, the National Child Health Council was formed. Instead of it becoming necessary for nurses to seek a place on this Council, three of the

participating associations insisted that there would be no use in organizing the Council without the National Organization for Public Health Nursing.

C. In 1920, the National Health Council was organized. In this instance, the N. O. P. H. N. was among the first of the associations to be asked by the organizers to participate in this still more far reaching combination of agencies.

The developments already under way in this last Council are most significant and promise much for the future. For instance, the libraries of the American Social Hygiene Association, the National Tuberculosis Association, the National Mental Hygiene Committee and the N. O. P. H. N. are functioning as a unit under the independent direction of the Common Service Committee. This latter acts as an Executive Committee to the Council. Other members of the Council, including the N. O. P. H. N., have combined in their bookkeeping and shipping. All members are using a common office administration service. These are only a beginning of a big scheme of closer coördination and economy of work, and consequently of greater effectiveness in service not only in the offices, but in the field work of the several participating associations.

Probably in this experience, as in many others during the past ten or fifteen years, nursing, being common to all the others and at the same time more simple and direct and objective, than other activities of these related associations, may, and in all probability will, serve as an experimenter and demonstrator, a pointer to the way of complete organization. But this is possible only because the director of the N. O. P. H. N. sits in the executive sessions of the Common Service Committee, as well as on the National Health Council. This would not be possible if the N. O. P. H. N. were housed separately from the other members of the Council.

In closing, let me point out still one other public service which I believe public health nursing is destined to render in constantly increasing measure (and now, I refer primarily but not solely, to those who give bedside care). The system of hourly nursing, already well established in a few cities, forecasts a larger and more satisfactory and more economical service to the sick public than has yet been provided. When properly correlated with private duty nursing, I believe it is bound to grow rapidly, though not as an enterprise separate from visiting nursing, but as an integral part of it. The conditions under which even well-to-do people live nowadays, the insufficient numbers of private duty nurses, and the cost of their services are all tending to make both the nurses and the public see the practicability and dignity of a scheme of service which sells the nurse's skill rather than her time.

Finally, let me remind you, my friends, that as in this brief

sketch, so throughout the history of public health nursing (though it has run the gamut of health visitor, health teacher, social worker, and even health *inspector*) it has its foundation first, last, and always in nursing.

ITEMS

THE objects of the Association for the Prevention and Relief of Heart Disease, which has its offices at 325 East 57th Street, New York City, are: To gather information upon heart disease, to develop and apply measures which will prevent heart disease, to seek and provide occupations suitable for patients with heart disease, to promote the establishment of special dispensary classes and better hospital care for patients with heart disease, to extend the opportunities for adequate care of cardiac convalescents, to urge the provision of permanent institutional care for such cardiac patients as are hopelessly incapacitated for self support, to encourage the establishment of associations with similar objects in other cities, to maintain a central office and clearing-house. A number of valuable leaflets have been prepared by the Association: Prevention of Heart Disease, Do You Think You Have Heart Disease? Occupations for Cardiacs, and others.

Mother and Child is the official publication of The American Child Hygiene Association, 532 17th Street, N. W., Washington, D. C. Excellent child welfare bibliographies and book notes are printed in each number. Reprints of many of their articles are available, also a number of leaflets giving practical suggestions on phases of child welfare.

The N. O. P. H. N. also publishes a number of reprints on maternal and child welfare.

The Maternity Center Association, 370 Seventh Avenue, New York City, has recently published its "Routines." These have been worked out with great care from the experience and work of the nurses on the staff, and give the clearest picture of procedures to be used in clinics and in prenatal visits and postnatal follow-up work in homes. 15 cents per copy.

Florence Nightingale as a national figure appears in two recent books. A mention of her in Stephen McKenna's keen and interesting "While I Remember," while in Shane Leslie's *Life and Labours of Cardinal Manning* an entire chapter is devoted to "Florence Nightingale and Others."

TOO LATE FOR CLASSIFICATION

Montana: THE MONTANA STATE BOARD OF EXAMINERS FOR NURSES will hold its annual meeting at the State Capitol, Helena, for the examining and registering of nurses the week of May 29 to June 3, 1922. THE MONTANA STATE ASSOCIATION OF GRADUATE NURSES will hold its annual meeting at Great Falls, Montana, July 12 and 13.

Announcement: F. M. Hollister, Superintendent of Brockton Hospital, Brockton, Mass., advises all persons interested that "one Johanno Schevenrus claims to be a graduate of the Brockton Hospital Training School for Nurses and has filed such information with several information bureaus. This person has never been a member of the Brockton Hospital Training School and has never been associated in any way with this hospital."